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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/709,045
Filing Date	November 10, 2000
First Named Inventor	M. Rigdon Lentz
Art Unit	1647
Examiner Name	Lorraine Spector
Attorney Docket Number	LEN 102

## ENCLOSURES (Check all that apply)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table or CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>one (1) page of PTO-1449, five (5) references; return postcard |
|---|--|---|

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Pabst Patent Group LLP		
Signature	<i>Tiffany B. Salmon</i>		
Printed name	Tiffany B. Salmon		
Date	February 11, 2005	Reg. No.	55,585

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	<i>Ronna Berman</i>		
Typed or printed name	Ronna Berman	Date	February 11, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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LEN 102 / 077829-001

Receipt date: 02/14/2005

09709045 GAU: 1647

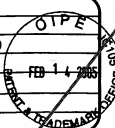
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Effective on 12/08/2004.  
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FREE TRANSMITTAL  
For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**180.00****Complete if Known**

Application Number 09/709,045  
 Filing Date November 10, 2000  
 First Named Inventor M. Rigdon Lentz  
 Examiner Name L. Spector  
 Art Unit 1647  
 Attorney Docket No. LEN 102

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: **50-3129** Deposit Account Name: **Pabst Patent Group LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
14 - 20 or HP =	0	x 0.00	= 0.00			

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2 - 3 or HP =	0	x 0.00	= 0.00

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement **180.00****SUBMITTED BY**

Signature Tiffany B. Salmon Registration No. 55,589 Telephone (404) 879-2153  
 Name (Print type) **Tiffany B. Salmon** Date **February 11, 2005**

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: M. Rigdon Lentz

Serial No.: 09/709,045

Art Unit: 1647

Filed: November 10, 2000

Examiner: Lorraine Spector

For: *METHOD AND SYSTEM TO REMOVE CYTOKINE INHIBITOR IN PATIENTS*

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Sir:

Pursuant to the duty of disclosure under 37 C.F.R. §1.56 and 37 C.F.R. §1.97, Applicant submits a Supplemental Information Disclosure Statement, including one (1) page of Form PTO-1449, and copies of the five (5) documents cited therein.

The Commissioner is hereby authorized to charge \$180.00 representing the fee required under 37 C.F.R. §1.17(p) for an Information Disclosure Statement filed after a first Office Action on the merits under 37 C.F.R. §1.97(c). It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge any fees to Deposit Account No. 50-3129.

**U.S. Patents**

/CMW/

Number  
5,932,704

Issue Date  
08-03-1999

Patentee  
Jubinsky

Class/Subclass  
530/388.22

02/16/2005 BARRAH1 00000007 503129 09709045

01 FC:1805 180.00 DA

45054471v1

U.S.S.N.: 09/709,045  
Filed: November 10, 2000  
SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT

**Foreign Documents**

<u>Number</u>	<u>Publication Date</u>	<u>Patentee</u>	<u>Country</u>
0 184 040	11-06-1986	Anisa Medical Inc.	EP
02045064	02-15-1990	Ube Industries	JP
WO 96/10666	06-06-1996	Sanitaria Scaligera S.P.A.	PCT


**Publications**

GERAIN, et al., "Systemic release of soluble TNF receptors after high-dose TNG in isolated limb perfusion" *Cytokine* 9(12):1034-1042 (1997).

**Remarks**

This statement should not be interpreted as a representation that an exhaustive search has been conducted or that no better art exists. Moreover, Applicant invites the Examiner to make an independent evaluation of the cited art to determine its relevance to the subject matter of the present application. Applicant is of the opinion that his claims patentably distinguish over the art referred to herein, either alone or in combination.

Respectfully submitted,

  
Tiffany B. Salmon  
Reg. No. 55,589


Dated: February 11, 2005

PABST PATENT GROUP LLP  
400 Colony Square, Suite 1200  
1201 Peachtree Street  
Atlanta, Georgia 30361  
(404) 879-2153 (Telephone)  
(404) 879-2160 (Fax)

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Substitute for form 1449A/PTO		Complete if Known	
 <h2 style="margin: 0;">INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h2> <p style="margin: 5px 0;">(use as many sheets as necessary)</p>		Application Number	09/709,045
		Filing Date	November 10, 2000
		First Named Inventor	M. Rigdon Lentz
		Group Art Unit	1647
		Examiner Name	Lorraine Spector
		Attorney Docket Number	LEN 102
Sheet	1	of	2

## U.S. PATENT DOCUMENTS

[illegible]

## FOREIGN PATENT DOCUMENTS

[illegible]

Examiner's Signature	/Cherie M. Woodward/	Date Considered	11/08/2011
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to application.

<sup>1</sup> Unique citation designation number. <sup>2</sup> See attached Kinds of U.S. Patent Documents. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST. 3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup> Applicant to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SENT TO: Assistant Commissioner for Patent, Washington, DC 20231.

~~The PTO did not receive the following~~  
~~listed item(s) IP 02045764~~

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Substitute for form 1449A/PTO		Complete if Known	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (use as many sheets as necessary)		Application Number	09/709,045
		Filing Date	November 10, 2000
		First Named Inventor	M. Rigdon Lentz
		Group Art Unit	1647
		Examiner Name	Lorraine Spector
		Attorney Docket Number	LEN 102

[illegible]

Examiner's Signature	/Cherie M. Woodward/	Date Considered	11/08/2011
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to application.

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